

**VA-1 DMAT INITIAL APPLICATION FOR VOLUNTARY PARTICIPATION
ON THE VIRGINIA -1 DISASTER MEDICAL ASSISTANCE TEAM**

Name _____
Please Print Clearly

Employer _____

Current Position _____

Years in position _____

Employment Date _____

DMAT Position Applied For: _____

Medical Licenses/Registrations/Certifications _____

EMS Certifications/Registrations _____

Fire/HazMat Certifications _____

Other Professional Credentials (law enforcement, military etc) _____

Previous Emergency Response Team Experience _____

Please be advised that the submission of an application and resume' package does not guarantee you a position. Members will be selected based on several criteria that will include, but not be limited to: seniority and rank, work experience and skill level, federal and/or regional team experience, level of commitment, ability to work in a team setting, etc.

Applicant Signature: _____ Date _____

Supervisor Name and Signature: _____/_____
Date _____ Supervisor Contact Phone Number: _____

For Selection Committee Use Only

_____	Employment Date Verification
_____	Professional License/Certification Verification
_____	Cover Letter and Resume' Received
_____	Application Review Date

Selection Committee Decision: _____
Approve/Alternate/Delay(more info needed)/Disapprove